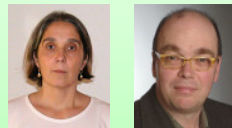
Using symbolic objects in trauma- and body-oriented psychotherapy in a joint outpatient practice in Leipzig (Saxony, Germany)



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Psychotherapeutic joint practice for individual and group therapy

We offer special treatment settings to the following patient groups:

- psychotrauma (single and complex trauma)
- dissociative disorders
- neuroses and personality disorders

Treatments are based on principles of depth psychology and psychoanalysis.
The therapy covers at least 100 hours of individual therapy and a voluntary 80 hours of group therapy over a period of two years.

If you would like to learn more about our therapy concept please have a look at:

Vogt, Ralf (2004)
Symbolic Therapeutic Objects
Using objects and enactments in body- and trauma-oriented psychotherapy.
Gießen: Psychosozial-Verlag
(Concept and study of approx. 60 Patienten)

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Selection of symbolic objects

Slack bag
(often elicits: sadness, powerlessness and rage)

Super block
(often elicits: authoritarian strictness, intransigence)

Giant roller
(often elicits: unsteadiness when in front of it or a depressing hole when inside it)

Egg
(often elicits: the womb, safe and secure place, a hide-out)

Soft animals
(often elicits: childish dialogue and symbolic parent-child-conversations)

Advantages of using symbolic objects in therapy (working with ensouled objects)

1. **Symbolic objects in psychotherapy make it possible to have negative transference while maintaining a positive client-therapist relationship.**
2. **If necessary, personal traits can be eliminated (which is not possible with an integrated therapist). The therapist´s "personal traits" do not distract or disturb.**
3. **Symbolisation can help the client come up with further associations if the client is feeling blocked.**
4. **Using large or strange objects can further infantile regression.**
5. **Symbolic objects encourage archaic solutions by allowing for more spontaneous rather than learned expressions of behaviour (impulsive plane).**
6. **It´s easier for the patient to "cool down" by themselves after having worked with objects than after going through regrssion within a relationship.**
7. **Reification allows for admitting and omitting specific levels of transference; the patient is able to anthropomorphise things like a child without immediately resorting to "well-known structures".**
8. **Things are better equipped to inspire active exercises.**
9. **Using objects encourages more experimental inquiry into disturbed relationship patterns. By revealing small but important behavioural details such objects are able to clarify a diagnostic behaviour pattern or even contribute to an experimental solution to a behavioural blockade.**

Body therapeutic principles in dealing with trauma patients

1. **Trauma patients need more relationship solidarity and physical relaxation and relief of fear than other patients.**
2. **Trauma patients need more psychagogics and structural explanations concerning the therapy setting.**
3. **Trauma patients need more help avoiding overstimulation and therapeutic behavioural training for self-efficacy.**
4. **The therapist has to contribute actively to the therapeutic enactments as a support, a model, or an antagonist.**
5. **Trauma patients need more care for their "inner children" in the sense of attention and post-development through teaching and play.**
6. **Trauma patients benefit from positive body contact, because growth processes have often been interrupted by the shock of psychotrauma. But they can be retraumatised and their development impeded more quickly than other patients by wrong and inappropriate body contact.**
7. **Therapeutic media such as tools, transference objects and enactment media can be usefully integrated into the therapy.**
8. **Trauma patients need to mirror states of affect (by describing how other people see themselves).**
9. **As of a certain stage in the therapy trauma patients benefit from group learning, since it contributes to avoiding states of effect.**
10. **Trauma patients have to learn to overcome feelings of powerlessness and states of stress through physical exercises.**
11. **Trauma patients have to learn in role plays how to prevent, devalue and cut off upsetting communication from perpetrators.**
12. **Therapeutic enactments are useful for preparing and assessing trauma exposition sessions (activating resources and solutions).**

Essentials of structural psychotherapy

1. **All stages of psychotherapy should contain enactment aspects, i.e. they should be interventions embedded in conversation, imagination, etc. and serve the diagnostics and the therapy.**
2. **At every stage of psychotherapy there should be a connection between individual and group therapy (e.g. 1 x ¼ year) to promote intrapsychological and interpersonal diagnostic and therapeutic activities.**
3. **The therapeutic setting is not predetermined but negotiated with the patient. The therapist discloses and gives reasons for the diagnostics, relationship set-up and goal of the therapy.**
4. **The enactments should bring the emotional experience to the surface and enable the search for hypotheses and solutions (ensouled working process).**
5. **Therapeutic objects foster a symbolic working process, because they allow for childish concept formation and can make this process – with regressive help - adaptable. Forms of this child-like experience processing can also be found in neurosis and psychotrauma.**
6. **The therapy is an oscillating balancing act between play and seriousness. Depending on the state of the patient the therapist guides or accompanies the therapeutic process while keeping in mind the set (mutual) goal.**
7. **Furthermore, the therapist actively takes part as subject and object in the enactment as necessary.**

Photos of individual and group therapy

Slack bag
Shared hitting to express aggressions.

Hammock
Comforting and consoling hammock with rope to stabilise.

Giant roller
Supporting mother stom-ache for the infant with touching hand

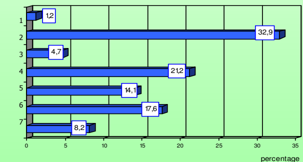
Egg
Super egg as protective cave with rope.

Soft animals
Cuddly animal dialogue for making childlike contact.

Group rope
Group standing „roped together by trust".

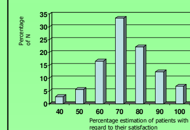
Excerpts from an evaluation study of approx. 60 patients during a two-year therapy

Diagnostic evaluation of the patient sample
Diagnose spectrum (clinical-aetiological development in connection with Psycho-trauma aspects) [distributed by percentage]
N=85

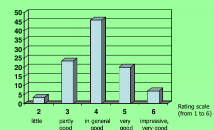


1. reactive, depressive development
2. other neurotic development or experience disorder with straining influences (no explicit trauma event)
3. structural development or experience disorder with straining influences (no explicit trauma)
4. neurotic development or experience disorder as a result of traumatising background (cumulative)
5. structural development or experience disorder as a result of traumatising background (cumulative)
6. dissociative disorder as a result of traumatising background
7. dissociative identity disorder as a result of traumatising background

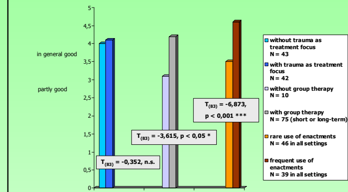
General patient satisfaction after therapy end
N=72



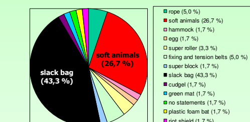
Rate of treatment success by therapist after therapy end
N=85



Estimated success of the therapy by the therapist with regard to various criteria



Evaluation of the usefulness of therapeutic objects by the patient (frequency of 1 st mentioning)
N=60



Comparision of preferred use of „slack bag" and „soft animals" with psychotraumatic and other psychotherapy patients
N=60